

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1129 Jackson Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. (Specify whether
In this community 35 years
years, months or days)

3. (a) PRINT
FULL NAME

Charles William Foster

3. (b) If veteran,

name war. not known

3. (c) Social Security

No.

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Ora Foster 6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased July 12 1867
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
76 10 9 hr. min.

9. Birthplace Glenco Minnesota
(City, town, or county) (State or foreign country)

10. Usual occupation salesman

11. Industry or business Stark Nursery

12. Name George Foster

13. Birthplace not known
(City, town, or county) (State or foreign country)

14. Maiden name not known

15. Birthplace not known
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ora Foster

(b) Address 1129 Jackson, Joplin, Missouri

17. (a) burial (b) Date thereof 5/23/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ozark Memorial Park

18. (a) Signature of funeral director PARKER-HUNSAKER

(b) Address 1502 Joplin, Joplin, Missouri

19. (a) 5-23-44 (b) Gertie Sushalter
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Joplin
(If outside city or town limits, write "RURAL")
(d) Street No. 1129 Jackson Avenue
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 21
year 1944 hour 8 minute 30 P. M.

21. I hereby certify that I attended the deceased from May 12-44
7:00 a.m. 1944 to May 20 1944;
that I last saw him alive on May 20 1944;
and that death occurred on the date and hour stated above.

Immediate cause of death coronary occlusion Duration

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature W. E. Sushalter (M. D. or other)

Address 311 2nd St. Joplin Date signed 5-23-44

44-5-428

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed F. M. Jones

Licensed Embalmer No. 21319

P. O. Address Japhar mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.